

E <b>CLAIMS ONLY</b>		Application Number <b>16/055154</b>		Filing Date	
		Applicant(s)			
<b>* May be used for additional claims or amendments</b>					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT
	Indep	Depend	Indep	Depend	Indep Depend
1					
2					
3					
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46					
47					
48					
49					
50					
Total Indep	2				
Total Depend	12				
Total Claims	14				

Applicant(s)

Filing Date

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